

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/5020696

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	4					
6	3					
7	3					
8	3					
9	3					
10	3					
11	1					
12	3					
13	3					
14	/					
15	1					
16	/					
17	/					
18	/					
19	/					
20	/					
21	3					
22	3					
23	3					
24	3					
25	3					
26	3					
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31	3					
32	3					
33	1					
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49						
50						
TOTAL IND.	9	↓		↓		↓
TOTAL DEP.	27	←		←		←
TOTAL CLAIMS	36					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS						